



575 Broad Hollow Road, Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
www.pacelabs.com

## Laboratory Results

Results for the samples and analytes requested  
The lab is not directly responsible for the integrity of the sample before  
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 7078679

Received :02/06/2019 4:05

Sample Type :Drinking Water

Date Reported:02/21/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7078679001	HB27	2/6/2019 10:30:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.61</b>
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 10:30:00 AM
7078679002	HB2	2/6/2019 9:00:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.55</b>
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 9:00:00 AM
7078679003	HB3	2/6/2019 8:45:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.36</b>
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 8:45:00 AM
7078679004	HB4	2/6/2019 9:15:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.36</b>
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 9:15:00 AM
7078679005	HB5	2/6/2019 8:15:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.49</b>
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 9:15:00 AM
7078679006	HB6	2/6/2019 8:00:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.31</b>
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		2/7/2019 12:35:00 PM	2/7/2019 12:35:00 PM	2/6/2019 8:00:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

### Treatments

A = Air Stripper  
FM = Iron/Manganese Removal  
N = Nitrate Removal  
G = Granular Activated  
O = Other

Test results meet the requirements of NELAC  
unless otherwise noted.

This report shall not be reproduced except in full,  
without the written approval of the laboratory.

*Stu Murrell*  
Stu Murrell

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>7078679007</b>	HB7	2/6/2019 10:45:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.59</b>
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		<b>2/7/2019 12:35:00 PM</b>	<b>2/7/2019 12:35:00 PM</b>	<b>2/6/2019 10:45:00 AM</b>
<b>7078679008</b>	HB8	2/6/2019 11:00:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.41</b>
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		<b>2/7/2019 12:35:00 PM</b>	<b>2/7/2019 12:35:00 PM</b>	<b>2/6/2019 11:00:00 AM</b>
<b>7078679009</b>	HB9	2/6/2019 9:30:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.56</b>
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		<b>2/7/2019 12:35:00 PM</b>	<b>2/7/2019 12:35:00 PM</b>	<b>2/6/2019 9:30:00 AM</b>
<b>7078679010</b>	HB10	2/6/2019 10:00:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.42</b>
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		<b>2/7/2019 12:35:00 PM</b>	<b>2/7/2019 12:35:00 PM</b>	<b>2/6/2019 10:00:00 AM</b>
<b>7078679011</b>	HB11	2/6/2019 10:15:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.46</b>
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		<b>2/7/2019 12:35:00 PM</b>	<b>2/7/2019 12:35:00 PM</b>	<b>2/6/2019 10:15:00 AM</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

### Treatments

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**WorkOrder :**

7078679

## Laboratory Certifications

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**Long Island Certification IDs**

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 7078679



11747  
36

# Sample Request Form PUBLIC WATER SUPPLIER

Date:

2-6-19

Collected By:

G. VALENTINO

Accepted By:

*[Signature]*

Cooler Temp:

2.8 °C

☒ WELL OFF LINE

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1605

## Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

Proj. # or (Name): \_\_\_\_\_

Bill To: \_\_\_\_\_

Copies To: \_\_\_\_\_

## Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
10:30 AM 2-6-19	PW	# 27	D	-	RO	.61 7.45	BACT w/c	001
9:00 AM 2-6-19	PW	# 2	D	-	RO	.55 7.32	BACT w/c	002
8:45 2-6-19	PW	# 3	D	-	RO	.36 7.16	BACT w/c	003
9:15 AM 2-6-19	PW	# 4	D	-	RO	.36 7.36	BACT w/c	004
8:15 2-6-19	PW	# 5	D	-	RO	.49 7.12	BACT w/c	005
8:00 2-6-19	PW	# 6	D	-	RO	.31 7.03	BACT w/c	006
10:45 2-6-19	PW	# 7	D	-	RO	.59 7.47	BACT w/c	007
11:00 2-6-19	PW	# 8	D	-	RO	.41 7.47	BACT w/c	008
9:30 2-6-19	PW	# 9	D	-	RO	.56 7.58	BACT w/c	009
10:00 2-6-19	PW	# 10	D	-	RO	.42 7.56	BACT w/c	010
10:15 2-6-19	PW	# 11	D	-	RO	.46 7.52	BACT w/c	011

Remarks:

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	





# Sample Condition Upon Receipt

Client Name:

HBW

Project #

**WO#: 7078679**

PM: SWM Due Date: 03/08/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☒ Yes ☐ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: 0.0

Cooler Temperature (°C): 2.8

Cooler Temperature Corrected (°C): 2.8

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☒ N/A, water sample)

Date and Initials of person examining contents: Ed 2/6/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☐ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		
Residual chlorine strips Lot #		Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: